

Team A5 Limited

Team A5 Head Office

Inspection report

First Floor
792-794 London Road
Thornton Heath
CR7 6JB

Tel: 07398303939
Website: www.teama5.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Team A5 Head Office is a domiciliary care agency providing personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The provider also supplied staff to care homes and hospitals. We did not review the care they received as it is outside our regulatory remit. At the time of this inspection the service was supporting one person whom was autistic.

People's experience of using this service and what we found.

Right Support

Risks were not always assessed, monitored and managed. People using the service were not always protected from the risk of COVID-19 infection because the provider and staff did not always follow national guidance. Robust recruitment checks had not always taken place before staff started working. Whilst, we found no evidence that people had been harmed. This meant people were at risk of not receiving the right support.

Staff knew people well. The person using the service was unable to speak with us due to their care needs, however, the person's relative spoke highly of Team A5 Head Office and praised the support their loved one received. Staff understood how to communicate with people and ensure their wishes and preferences were respected. Staff understood the importance of promoting independence and individuality. The management of medicines was safe, and staff told us that they felt supported and valued within their role. The provider trained staff to understand and meet people's individual needs and staff received supervision. Staff's competency to deliver safe and effective care was assessed and reviewed.

Right Care

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people with patience, dignity and respect. Care plans detailed what was important to people and staff told us how the training they had received made them feel confident to work with people. Safeguarding procedures were in place and staff had received training on safeguarding adults. Staff supported people to access the local community and partake in activities that were important to them.

Right Culture

The provider's quality assurance framework was not robust. Internal quality audits had failed to identify shortfalls with the delivery and quality of care or how improvements could be made. Further actions and steps were required to ensure continuous learning was at the heart of service delivery.

However, the registered manager regularly sought feedback from staff and the person's relative. Staff spoke highly of the registered manager and felt the service was well run. The registered manager had a clear vision and was committed to making sure staff and people using the service were happy and felt valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Rating

This service was registered with us on 14 July 2017 and this is the first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Team A5 Head Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Team A5 Head Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 30 June 2022.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us

when they were registered. On this occasion, the provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one relative, two staff members and the registered manager. We reviewed a range of records. This included care plans and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and their safety was not always monitored and managed to support them to stay safe.
- Care and support was provided to an individual living with epilepsy. An epilepsy risk assessment was in place which detailed when to administer emergency medicine. However, risks related to certain tasks and activities lacked guidance and detail.
- Staff supported this individual to access the local community and also with personal care, such as showering. Staff also often took the individual swimming, to local trampoline parks and other local attractions. Whilst an epilepsy risk assessment was in place, this lacked guidance on the steps to take if the individual experienced a seizure whilst swimming, in the shower or trampolining. The care plan referenced to follow the epilepsy risk assessment in the event of the person experiencing a seizure whilst out in the community. However, information was also not available on how to safely support the person with their recovery whilst out and about. For example, whether the individual should be supported to return home and how to do so safely.
- The registered manager and staff told us that the person primarily experienced seizures early in the morning and hardly experienced them in the afternoon when being supported to access the local community. However, a recent incident had occurred whereby the individual had experienced a seizure whilst out and about. Staff supported the individual safely and completed an incident form. However, the provider's quality assurance failed to identify that risk assessments did not consider the risk of the person experiencing a seizure whilst accessing the community and the steps required by staff to support them safely and consistently.
- Risks associated with road safety had also not been addressed, monitored or mitigated. The person's relative told us that their loved one had no concept of road safety and staff were required to regularly monitor the environment to identify any potential dangers. The person's care plan referenced for staff to provide support. However, information was not recorded on what that support looked like.
- Staff also supported the individual with kitchen activities, such as cooking. However, risks related to kitchen appliances such as oven and access to knives had not been consistently assessed, mitigated or documented within the person's care plan. The individual's relative told us that their loved one was not aware of the dangers associated with cooking.
- Due to the small consistent team supporting the individual, staff were knowledgeable on how to support the person and manage the risks associated with their care (and no harm had occurred to the person). However, for new staff members, guidance was not readily available. Lack of guidance also meant the provider could not be assured that staff were supporting the individual in a consistent and safe manner.

Failure to sufficiently assess risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was responsive to our concerns and started taking action during the inspection to update care plans and risk assessments.

Staffing and recruitment

- Recruitment procedures were not consistently operated in a safe manner as the provider had failed to follow their own internal recruitment policy.
- One staff member started to work for the provider in February 2022. Their application form stated that they had an unspent criminal conviction. Whilst a risk assessment was completed and a character reference obtained from the staff member themselves, the provider failed to obtain references until June 2022 and a Disclosure and Barring Service (DBS) check was not made until June 2022. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The provider's internal recruitment policy stated that 'all offers of employment should be made on conditions that satisfactory references are obtained and that all employees of Team A5 Ltd are required to have a current Disclosure and Barring Service (DBS) check.'
- Whilst the provider had taken steps to obtain references and a DBS check, the staff member had been employed and working for four months without the appropriate recruitment checks in place. People were therefore placed at risk of receiving care from unsuitable staff members. We have further reported on these concerns within the 'Well-Led' section of the report.
- People received care and support from a consistent team of staff. The provider employed two dedicated staff members to work with the individual. The person's relative told us how routine and consistency was important to the individual. They commented that having two dedicated care workers meant the individual knew who was coming, when and at what time and this helped with managing anxiety and keeping their routine in place.
- In the event of staff sickness or absence, systems were in place to ensure the individual received care from staff who understood their care needs and how best to support them. The registered manager explained that in the event of both staff being unable to work, they would cover the care call themselves as they knew the person and understood their care routine. They also added that in the event of a planned sickness or leave, staff could be utilised from the recruitment agency operated by the provider who would initially shadow permanent staff and be introduced to the person before working alone with the individual.
- Staff rotas were planned and organised a week in advanced. The relative confirmed that if staff were running late, they were informed. Systems were in place to check that staff arrived on time and stayed the allocated time.

Preventing and controlling infection

- There were systems to help prevent and control infection, however, these were not consistently being followed.
- Before any care call, staff were required to complete a COVID-19 questionnaire and undertake a COVID-19 lateral flow test before entering the individual's home. The registered manager explained that the individual's family members then checked that the lateral flow test was negative. However, not all staff were following the provider's requirements regarding infection control. For example, the provider was unable to demonstrate that one staff member was regularly completing lateral flow tests as per the provider's policy and also in line with national guidance. We discussed these concerns with the registered manager who took action during the inspection process to address the shortfalls.
- Staff had access to PPE (personal protective equipment). COVID-19 risk assessments had been completed. Staff received training in how to prevent and control infection, and how to safely put on and take off PPE.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that they were happy with the care provided and were confident that their loved one was safe when receiving care from Team A5 Head Office.
- People were protected from the risk of abuse. Whilst there had not been any safeguarding concerns raised, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- Staff had received training on safeguarding adults and were expected to complete regular refresher training to ensure their knowledge was up to date with current best practice.

Using medicines safely

- People received the support they required to manage and take their medicines when needed. Medicine Administration Records (MAR) were completed, checked and audited to identify any concerns. Following any changes to a person's medication regime, staff meetings were held to ensure staff were aware of the changes and any potential side effects to be aware of.
- Staff received training in medicines management and had their competencies assessed.
- Medication care plans included information on who was responsible for ordering medicines; where medicines were kept in the property, the person's allergy status alongside key information such as the person's GP.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns. Following a recent incident of a person experiencing a seizure whilst out and about with staff. The registered manager had identified the importance of staff completing epilepsy monitoring chart and also monitoring for any new potential triggers which might be causing the individual to experience seizures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected because the service was working within the principles of the MCA.
- Where required mental capacity assessments had been completed which assessed people's abilities to make specific decisions.
- Staff understood the importance of supporting the person to make their own day to day decisions. One staff member told us, "Although they cannot verbally communicate, I always offer two choices and through sign language and body language they can make their wishes known."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people receiving a service the registered manager met with the person and their relative to assess their needs and identify the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act.

- Care plans included clear guidance on oral hygiene. For example, if the person preferred a manual toothbrush, electronic or if they used both.

Staff support: induction, training, skills and experience

- Staff received an induction before they started working and providing care. This included a range of online and face to face training, alongside competency assessments and shadowing care shifts. For example, the

registered manager checked staff's understanding on epilepsy through regular spot checks and competency assessments. Competency assessments considered staff's knowledge on how to time a seizure and when to administer emergency medication.

- Due to the individual care needs of the person using the service, any new staff were introduced to the person beforehand. They also shadowed experienced staff members and received an induction from the person's relative. The person's relative told us that due to the care needs of their loved one, it was vital staff were introduced beforehand so that the person could get to know them as any sudden changes in routine could cause them anxiety and distress.
- Staff received training in key areas such as epilepsy, first aid, safeguarding, communication and supporting people during times of distress. Staff spoke highly of the training provided. One staff member told us, "The training has made me feel confident to be able to work with the individual."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided meals and drinks that the person enjoyed and in line with their wishes.
- Support was also provided to help the person using the service be as independent as possible with meal preparation. For example, the person's care plan referenced that they could make toast independently but required support to use the oven safely.

Supporting people to live healthier lives, access healthcare services and support

- The person using the service was supported by their loved ones to manage their healthcare needs and liaison with health professionals. However, staff were available to support the person and their relative to attend healthcare appointments should this be required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us that their family member was respected, treated with dignity and their individuality was promoted. They told us how a staff member was matched to their loved one and how that had been a positive experience. They commented, "The staff member takes my loved one out and together they have fun and they are treated with such respect, I cannot fault the staff member."
- Staff were respectful of the person's individuality. For example, cultural and spirituality beliefs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported the person with making day to day decisions about their care. For example, what to wear, what to eat and what they wanted to do that day. Staff understood the importance of routine for the person and how the person utilised their picture exchange communication system (PECS) to understand what was happening next.
- Care plans included information about the person's likes and preferences to help guide staff in supporting people to make choices about their care.
- The registered manager regularly contacted the person's relative to check if the service was meeting their needs. They were also asked what was working well and if there were any improvements they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted the person's privacy and dignity when supporting them with their personal care.
- Staff also supported the person to promote their independence and focus on their strengths and abilities. The person's care plan referenced activities that they were independent with, what they enjoyed and how staff could support them. For example, staff regularly supported the person with home baking as this promoted independence with meal preparation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which detailed personalised information on how best to support people. Information was documentation on their likes, preferences and what was important to them.
- Guidance was available on how to support people to be as independent as possible alongside their goals and aspiration. For the person using the service, staff told us how it was important that they were supported to be as independent as possible with daily living activities, such as making meals and getting dressed.
- A relative spoke highly of the personalised care provided by staff. They commented that staff really knew their loved one and how best to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included clear information on their sensory needs and what support with communication was required.
- Staff had received training on effective communication, sign language and how to use the individual's picture exchange communication system (PECS). One staff member told us, "The communication training was really helpful, and I feel confident that I can effectively communicate with the person."
- The registered manager told us that they would be exploring how they could make the individual's care plan accessible for them. For example, designing the care plan in an easy read format or with printed sign language symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in activities in the community with support from staff. Staff supported the individual to pursue activities that were important to them. This included trips to the local swimming pool, shopping and park.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with.

- When the person started using the service, a copy of the complaints policy was provided. Their relative told us that they felt confident in raising any concerns with the registered manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Quality assurance checks completed by the provider were not always effective at identifying improvement or recognising shortfalls.
- The registered manager completed regular care audits. The recent audit from June 2022 considered areas such as risk assessments. However, the audit failed to identify the shortfalls we found during the inspection. For example, lack of risk assessments around management of epilepsy when accessing the local community.
- The provider employed two staff members. One of whom was the relative of the person receiving care. Whilst the provider had implemented systems to oversee and manage the ethical and moral aspects of this arrangement. For example, regular supervisions and check ins. These systems had not consistently identified shortfalls where the boundary of being a relative and staff member overlapped.
- COVID-19 systems were in place which were being adhered to by one staff member but not the staff member who was the individual's relative.
- Safe recruitment had not consistently taken place and internal audits failed to identify that one staff member had initially been employed without references and DBS check.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff were regularly asked for their feedback and views. Staff spoke highly of the manager and told us that they felt well supported. One staff member told us, "I am regularly asked for my feedback and I believe the service is run well."
- Staff spoke highly of good teamwork and the support they received from the registered manager. One staff member told us, "I love the teamwork."
- The registered manager was involved in the delivery of care and as such this enabled them to consult with people and their relatives and ensure they were happy with the quality of care delivered. The registered manager also undertook spot checks and supervised visits to ensure staff were meeting people's care needs

and providing support in line with their wishes.

- The person's two main care workers worked well together and provided the person with continuity of care. This helped the person feel safe and comfortable with their usual care workers.
- The registered manager had a clear vision for the service and wished to expand the service in a safe and steady manner. They told us that they recognised if they wished to expand then they would need to recruit more staff and had recently appointed a care coordinator.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Working in partnership with others

- The provider demonstrated a clear understanding of their responsibility under the duty of candour. The provider recognised the importance of honesty and transparency. Following a recent incident, learning was derived and shared with staff.
- There were a range of policies and procedures which were regularly reviewed and updated. Staff had information about these. There were regular meetings with staff to keep them informed about changes in practice.
- The registered manager had a good understanding of their regulatory responsibilities and knew when notifications had to be submitted to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users. Regulation 12 (1) (2) (Safe Care and Treatment).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17 (1) (2) (a) (Good Governance).</p>